



Willard Rocks Helander

Lake County Clerk

18 N. County Street
Waukegan, IL 60085
(847) 377-2400

ASSUMED BUSINESS NAME APPLICATION

Name of Business: _____

Nature/Purpose: _____

(Describe the service or type of business)

Address(es) where business is to be conducted or transacted in this county:

(legal street address) (city, state, zip) (phone)

(post office or other mail only address) (city, state, zip) (phone)

Name(s) and post office or residence address(es) of the person(s) owning, conducting or transacting business:

(name) (name)

(street) (street)

(city, state, zip) (phone) (city, state, zip) (phone)

(name) (name)

(street) (street)

(city, state, zip) (phone) (city, state, zip) (phone)

STATE OF ILLINOIS
COUNTY OF LAKE)

This is to certify that the undersigned intend(s) to conduct the above named business from the location(s) indicated and that the true and legal full name(s) of the person(s) owning, conducting or transacting the business is/are correct as shown.

(signature) (date)

(signature) (date)

(signature) (date)

(signature) (date)

for office use only

The foregoing instrument was acknowledged before me by the
person(s) intending to conduct the business this _____ day of
_____ 20__ .

Notary Public

(Seal)

(signature)